

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90051 013 \*\*\*158.75

<b>DOCUMENT # L52760</b> 1. Entity Name <b>MORGANTI FLORIDA, INC.</b>					
Principal Place of Business <b>1450 CENTREPARK BLVD SUITE 260 WEST PALM BEACH, FL 33401 US</b>			Mailing Address <b>1450 CENTREPARK BLVD SUITE 260 WEST PALM BEACH, FL 33401 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01122005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>65-0163831</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE, FL 32301</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL    Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TAKLA, NABIL</b>		NAME		
STREET ADDRESS	<b>19 DEER PARK RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DANBURY, CT 06811</b>		CITY-ST-ZIP		
TITLE	SV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SIMONE, VINCENT R</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 546</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM CITY, FL 34991</b>		CITY-ST-ZIP		
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DEMATO, DONNA</b>		NAME	<b>Secretary Betty Bright</b>	
STREET ADDRESS	<b>10200 WILLOW LANE</b>		STREET ADDRESS	<b>2875 Cuyahoga Lane</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33410</b>		CITY-ST-ZIP	<b>West Palm Beach, FL 33409</b>	
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KELLY, GERRY</b>		NAME		
STREET ADDRESS	<b>1607 PACKWOOD RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JUNO ISLES, FL 33408</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		Nabil M. Takla		1/12/2005    (203) 743 2675	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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